

Name of Practice: _____ Enter address and contact information here. _____ Name of Project: _____ Enter name here. _____ Location: _____ Enter address here. _____ Date: _____ Enter date here. _____					
2024 Ontario Building Code Data Matrix Part 9 – Housing and Small Buildings					Building Code Reference¹
9.00	Building Code Version:	<u>O. Reg. 163/24</u>	Last Amendment	<u>O. Reg. 447/24</u>	
9.01	Project Type:	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Change of use <input type="checkbox"/> Addition and renovation Description: _____			[A] 1.3.3.3.
9.02	Major Occupancy Classification:	Occupancy	Use		9.10.2.
9.03	Superimposed Major Occupancies:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A Description: _____			9.10.2.3.
9.04	Building Area (m ²)	Description:	Existing	New	Total
		Total			

9.13	Post-disaster Building	<input type="checkbox"/> No <input type="checkbox"/> Yes							[A] 1.3.3.2. and Part 4
9.14	Occupant Load	<u>Floor Level/Area</u>	<u>Occupancy Type</u>	<u>Based On</u>	<u>Occupant Load (Persons)</u>	<u>Posted Limit Required</u>	9.9.1.3. Table 3.1.17.1.		
		_____	_____	_____	_____	_____			
		_____	_____	_____	_____	_____			
		_____	_____	_____	_____	_____			
		_____	_____	_____	_____	_____			
		_____	_____	_____	_____	_____			
		_____	_____	_____	_____	_____			
		<u>Total:</u> _____							
9.15	Barrier-free Design:	<input type="checkbox"/> Yes Explanation _____ <input type="checkbox"/> No _____							9.5.2. & 3.8
9.16	Hazardous Substances:	<input type="checkbox"/> Yes Explanation _____ <input type="checkbox"/> No _____							9.10.1.3.
9.17	Required Fire Resistance Ratings	<u>Horizontal Assembly</u>	<u>Fire Resistance Rating (H)</u>	<u>Supporting Assembly(H)</u>	<u>Non-combustible in lieu of rating?</u>				9.10.8. and 9.10.11.
		Floors over basement	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A				
		Floors	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A				
		Mezzanine	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A				
		Roof	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A				
9.18a	Spatial Separation	<u>Wall</u>	<u>EBF Area (m²)</u>	<u>L.D. (m)</u>	<u>L/H or H/L</u>	<u>Required FRR (H)</u>	<u>% Unprotected Openings Permitted</u>	<u>% Unprotected Openings Provided</u>	9.10.14., 9.10.15.
		_____	_____	_____	_____	_____	_____	_____	
		_____	_____	_____	_____	_____	_____	_____	
		_____	_____	_____	_____	_____	_____	_____	
		_____	_____	_____	_____	_____	_____	_____	
		_____	_____	_____	_____	_____	_____	_____	
		_____	_____	_____	_____	_____	_____	_____	
9.18b	Spatial Separation Continued	<u>Wall (repeated)</u>	<u>Construction Type</u>				<u>Cladding Type</u>		9.10.14., 9.10.15.
		_____	_____				<input type="checkbox"/> Non-combustible		
		_____	_____				<input type="checkbox"/> Non-combustible		
		_____	_____				<input type="checkbox"/> Non-combustible		
		_____	_____				<input type="checkbox"/> Non-combustible		
		_____	_____				<input type="checkbox"/> Non-combustible		
		_____	_____				<input type="checkbox"/> Non-combustible		

9.19a	Plumbing Fixture Requirements	Ratio: <u>Male:Female = 50:50 Except as noted otherwise</u> <table border="1"> <thead> <tr> <th><u>Floor Level/Area</u></th><th><u>Occupant Load</u></th><th><u>OBC Sentence</u></th><th><u>WCs Required</u></th><th><u>WCs Provided</u></th></tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Floor Level/Area</u>	<u>Occupant Load</u>	<u>OBC Sentence</u>	<u>WCs Required</u>	<u>WCs Provided</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	9.31. & 3.7.4.
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9.20	Energy Efficiency:	Category: Non-residential Compliance Option: <div> <input type="checkbox"/> SB-10 Prescriptive (Div.4) <input type="checkbox"/> SB-10 Performance (Div.2) <input type="checkbox"/> SB-10 Prescriptive (Div.2) </div> Residential Compliance Option: <div> <input type="checkbox"/> SB-12 Prescriptive Compliance Packages <input type="checkbox"/> SB-12 Performance Compliance <input type="checkbox"/> SB-12 Other: Energy Star for New Homes <input type="checkbox"/> EnerGuide for New Houses </div> Project Design Conditions: Climatic Zone: _____ <table border="1"> <thead> <tr> <th><u>Fenestration</u></th><th><u>Gross Above Grade Wall or Roof Area (m²)</u></th><th><u>Gross Fenestration Area (m²)</u></th><th><u>Fenestration Ratio</u></th></tr> </thead> <tbody> <tr> <td>Vertical (W+D)</td><td>_____</td><td>_____</td><td>_____ %</td></tr> <tr> <td>Skylights</td><td>_____</td><td>_____</td><td>_____ %</td></tr> </tbody> </table>	<u>Fenestration</u>	<u>Gross Above Grade Wall or Roof Area (m²)</u>	<u>Gross Fenestration Area (m²)</u>	<u>Fenestration Ratio</u>	Vertical (W+D)	_____	_____	_____ %	Skylights	_____	_____	_____ %	12.2.																							
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		<p>Space Heating Fuel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity</p> <p> <input type="checkbox"/> Propane <input type="checkbox"/> Solid fuel <input type="checkbox"/> Earth energy</p> <p>Heating Equipment Efficiency <input type="checkbox"/> ≥92% AFUE <input type="checkbox"/> ≥84% - <92% AFUE</p> <p>Other Conditions <input type="checkbox"/> ICF Basement <input type="checkbox"/> ICF Above Grade</p> <p> <input type="checkbox"/> Walk-out Basement <input type="checkbox"/> Slab-on-Ground</p> <p> <input type="checkbox"/> Log/Post & Beam <input type="checkbox"/> Blown-in Insulation Above Grade Wall</p> <p> <input type="checkbox"/> Spray-applied Foam Insulation Above Grade Wall <input type="checkbox"/> Drain Water Heat Recovery Unit Provided</p> <p>Compliance Package _____</p>	<p>SB-12 T3.1.1.2.A-C T3.1.1.3.A-C</p>
9.21	Sound Transmission Design:	<p>Is there more than 1 dwelling unit in the building? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Option Implemented: <u>Min STC rating of</u> _____</p> <p>Notes: _____</p>	<p>5.8.1.2., 5.8.1.4., & 9.11.1.4.</p>
9.22	Bracing to Resist Lateral Loads Due	<p>5% Seismic Spectral Acceleration, $S_a(0.2)$ _____</p> <p>1-in-50 hourly wind pressure (HWP) (kPa) _____</p> <p>Applicable Requirements:</p> <p>Design in accordance with: _____</p> <p>Notes: _____</p> <p>Bracing in accordance with: _____</p> <p>Notes: _____</p> <p>Construction Type by Floor Level</p> <p>Lowest Exterior Frame Wall Supports: _____</p> <p>2nd Level: _____</p> <p>3rd Level: _____</p> <p>Notes: _____</p>	<p><u>SB-1,</u> <u>Table 3</u></p> <p><u>SB-1,</u> <u>Table 2</u></p> <p>T A-9.23.13 9.23.16.2., 9.27. & 9.29. 9.23.13.4. to 9.23.13.7. Part 4 Good eng. practice</p>
9.23	Alternative Solutions	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>[A] 1.2.1.1., and [C] 2.1.</p>

9.24	Notes:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
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1 *All references are to Division B of the OBC, unless preceded by [A] for Division A and [C] for Division C.*